

CITY OF ALEXANDRIA MARINA
DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES
Capital Projects Division
1108 Jefferson Street, Alexandria, VA 22314

WAIT LIST APPLICATION FOR BOAT SLIP

All Questions Must Be Completed. For additional information please call (703) 838-4843.
Wait List Application must be mailed/delivered to the above address. Applications will not be accepted at the City Marina.

Date _____ **200** _____

Owner(s) Name _____ **Boat Name** _____

Resident Address _____
City _____ **State** _____ **Zip Code** _____

(Residency Documentation must be submitted with this application. Documentation required to prove residency: City Resident/City Business Owner, City of Alexandria Voter Registration Card, Real Estate/Personal Property Tax Payment Receipt, or Business License; Employed in the City, letter from employer; all other applicants, residency documentation not required. City residents will be given first priority. Failure to maintain City residency may result in the City electing not to renew a licence agreement).

Business Address _____
City _____ **State** _____ **Zip Code** _____

Home Phone () _____ **Bus. Phone ()** _____

Email _____ **Fax** _____

Registration # _____ **Expiration Date** _____

Overall Length _____ **Beam** _____ **Draft** _____ **Required Amp.** _____
(Includes bow spirit & swim platform)

Weight _____

Make of Boat: ☐ **Power** ☐ **Sail** **Hull:** _____ **Fuel** _____

Insurance Information (Certificate of Insurance must be submitted with Boat Slip Application)

Company Name _____ **Policy#** _____ **Amount \$** _____

Boat to be Purchased: ☐ **(Please project boat Make , Size and Power or Sail in space provided above)**

The undersigned signs that the information provided above is true and they understand that information provided here is subject to verification. It is the responsibility of the undersigned to ensure that the City of Alexandria administrative marina office is always provided a current address and telephone number. Changes in telephone number or address must be provided in writing to the address listed above.

Signature _____ **Date** _____

(FOR OFFICE USE ONLY)

Date Application Received _____ **Received By** _____

Residency Documentation Received _____ **Insurance Certificate Received** _____